



## VICTIM / MEMBER OF THE PUBLIC REQUEST FOR NOTIFICATION

DATE: \_\_\_\_\_

**NOTE:** It is the responsibility of the victim or victim's representative to provide the Department of Correction or Board of Parole with a current mailing address and to keep the department informed of any changes in the mailing address.

**BY LAW, CONTACT INFORMATION FOR REGISTERED VICTIMS OF CRIME, FAMILY MEMBERS, AND INTERESTED MEMBERS OF THE PUBLIC WILL BE HELD CONFIDENTIAL.**

OFFENDER NAME: \_\_\_\_\_ TOMIS ID: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

HAVE YOU BEEN COURT ORDERED RESTITUTION? (Check "√" if yes): ☐

*TDOC and TBOP are not responsible for collecting restitution.*

By Registering, you will be notified of Parole Hearings, Parole Decisions, and Releases as applicable

**NOTE:** Failure to provide complete contract information requested may delay or prevent Victim Services from processing your request.

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP CODE \_\_\_\_\_

PHONE NUMBER: Home ( ) Work ( ) Cell: ( )

E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU THE VICTIM? ☐ YES ☐ NO

IF NOT, PLEASE INDICATE YOUR RELATIONSHIP TO THE VICTIM: **Please check "√" one**

☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Grandparent ☐ Grandchild  
☐ Step parent ☐ Step child ☐ Step sibling ☐ Half sibling ☐ Other \_\_\_\_\_

VICTIM'S NAME: \_\_\_\_\_

SPECIAL NOTES: \_\_\_\_\_

**MAIL TO:** Tennessee Department of Correction (TDOC) **OR** Tennessee Board of Parole (TBOP)

Victim Services' Divisions  
404 James Robertson Pkwy, Suite 1300  
Nashville, Tennessee 37243-0850

Please direct all questions to **TDOC**  
either by phone at: (615) 253-8145  
fax: (615) 741-5337  
or e-mail [Victim.Notification@tn.gov](mailto:Victim.Notification@tn.gov)

Please direct all questions to **TBOP**,  
either by phone (Toll Free) 866-795-7467,  
locally at 615-532-8112;  
fax: 615-532-8581;  
or email [Victim.Witness@tn.gov](mailto:Victim.Witness@tn.gov)

FOR OFFICIAL USE ONLY Date entered \_\_\_\_\_ Registration Type \_\_\_\_\_ VPIN \_\_\_\_\_

Special Instructions \_\_\_\_\_ Entered by \_\_\_\_\_

FOR OFFICIAL USE ONLY	Date entered _____	Registration Type _____	VPIN _____
Special Instructions _____		Entered by _____	